



# WATER WELL REPORT FOR AN EXISTING WELL

33-1E-11F RECEIVED

FEB 08 2010

Dept of Ecology  
WR-NWRO

## INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records. Greenwood Estates Water System BAA423C

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>BAA 989</u>																	
<b>DIMENSIONS:</b> Diameter of well <u>6</u> inches. Depth of completed well <u>120</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>CONSTRUCTION DETAILS</b> Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Property Owner Name <u>George Lambert</u> Well Street Address <u>690 Tidewater Rd.</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>R13311-274-2180</u>																	
<b>Perforations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft to _____ ft.		<b>LOCATION</b> <u>Tidewater &amp; Degraff Roads</u> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>11</u> Twn <u>33N</u> R <u>1E</u> EWM or WWM Circle one																	
<b>Screens:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Mfr's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td><u>F</u></td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	<u>F</u>	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
E	<u>F</u>	G	H																
M	L	K	J																
N	P	Q	R																
<b>Gravel/Filter Packed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>21.74593</u> Long Deg <u>122</u> Long Min/Sec <u>39.99026</u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Computer Generated																	
<b>Surface Seal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
<b>PUMP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name _____ Type: _____ H.P. _____																			
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>92</u> ft. Static Level <u>90</u> ft. below top of casing Date measured _____ Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: <u>4</u> gal./min. with <u>20</u> ft. drawdown after <u>4</u> hrs.																			

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. Island County Health Dept.

Date Signed 2 February 2010

Drilling Company \_\_\_\_\_

Address of person completing this form:

P.O. Box 5000

City, State, Zip Couperville, WA 98239

RECEIVED

FEB 08 2010

Dept of Ecology  
WR-NWRO

